

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07585

7696

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		d. STREET ADDRESS Jacksonville Rd.	
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last DIZE		4. DATE OF DEATH Month July Day 19 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1875
9. AGE (In years last birthday) 81 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Inspector		10b. KIND OF BUSINESS OR INDUSTRY Md. Tidewater Fish.	
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Noah B. Dize		14. MOTHER'S MAIDEN NAME Sally Dougherty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-30-7822	
17. INFORMANT Mrs. Hildred Ruark--Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 420.1 DUE TO Coronary Artery Disease Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost. (b) Arteriosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 9, 1956 , to July 19, 1956 , that I last saw the deceased alive on July 19, 1956 , and that death occurred at 7:45 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 7/23/56			
ACTUAL SIGNATURE Sarah M. Peyton M.D.			
PHYSICIAN'S NAME (Type) Sarah M. Peyton		Crisfield, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 22, 1956	
22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		ADDRESS	
24a. REC'D BY REGISTRAR 7/24/56		24b. REGISTRAR'S SIGNATURE Bartlett A. Adams	

CERTIFICATE OF DEATH

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		AGE	
SEX		RACE	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
BIRTH		DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE		TIME	
PLACE		CITY	
STATE		COUNTY	
FEDERAL BUREAU OF INVESTIGATION		U.S. DEPARTMENT OF JUSTICE	
RECEIVED		JUL 26 1956	
BUREAU V. R.			

RECEIVED

JUL 26 1956

BUREAU V. R.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7627
Items 8 & 9, Film 6200

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07586

Reg. Dist. No. 260

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Upper Hill</u>		c. LENGTH OF STAY IN 1b <u>Life</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Upper Hill Md.</u>		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Samuel P. Johnson</u>		4. DATE OF DEATH Month <u>7</u> Day <u>21</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1867</u>
9. AGE (In years last birthday) <u>89</u> yrs.		IF UNDER 1 YEAR Months <u>21</u> Days <u>21</u> Hours <u>19</u> Min. <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>prof</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Upper Hill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James E. Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Christiana Taleffero</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>216-12-192</u>	
17. INFORMANT <u>Roscoe Johnson</u>		Address <u>1832 N 22nd St Phila. Pa.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>450.0</u> DUE TO <u>Acute heart failure due to atherosclerosis and old age.</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>old age.</u> DUE TO (c) <u>old age.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>P.H. Johnson</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>P.H. Johnson</u>		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED <u>Aug 23-56</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUR.</u>		22b. DATE THEREOF <u>7-24-56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON</u>		22d. LOCATION (City, town, or county) (State) <u>UPPER HILL MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>CHARLES H WARD</u>		ADDRESS <u>MARION, MD.</u>	
24a. REC'D BY REGISTRAR <u>7/25/56</u>		24b. REGISTRAR'S SIGNATURE <u>R.S. Johnson, M.D.</u>	

CHARLES H. YARD
104-22 JEFFERSON
J. H. JAMES
104-22 JEFFERSON

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your records. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar or to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Items 8,9: film G

7-13-56 L Items 13,14 Film G200 7-16-56 et

Reg. Dist. No.

07587

365

1. PLACE OF DEATH a. COUNTY 7604 Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peach Street		d. STREET ADDRESS 236 South Eden Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MICHAEL Middle ANDREW Last NASURO		4. DATE OF DEATH Month July Day 4 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8, 1899
9. AGE (In years last birthday) 56 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Clothing industry	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Andrew Nasuro		14. MOTHER'S MAIDEN NAME Helen Pasternak	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213 10 9968	
17. INFORMANT Mrs. Myra Nasuro		Address 236 S. Eden St., Balto., Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Arterio Sclerosis - DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) he was dead before he was killed		INTERVAL BETWEEN ONSET AND DEATH	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 19 Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, shop, bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held and disposed of the body, and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE Wm. H. Coulbourn		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) Wm. H. Coulbourn		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED July 4/56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 7, 1956	
22c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		22d. LOCATION (City, town, or county) (State) Baltimore, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Shimunek Funeral Home-2601 E. Madison St., Balto.		ADDRESS	
24a. REC'D BY REGISTRAR 7/5/56		24b. REGISTRAR'S SIGNATURE Barbara J. Adams	

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU 15
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. S.

JUL 9 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07588 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station	
c. LENGTH OF STAY IN 1b 1 week		d. STREET ADDRESS / e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital			
3. NAME OF DECEASED (Type or print) First MIA Middle COULBOURNE Last PARSONS		4. DATE OF DEATH Month July Day 6 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1872
9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Marion Station, Md.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Benjamin Coulbourn		14. MOTHER'S MAIDEN NAME Annie Matthews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT George E. Parsons--Marion Station, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420.1 Coronary Condition - Acute dil of heart - DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) Acute Anemia - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Int. Nephritis - Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 24 hrs - 6 wks - 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work of work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from June 22, 1956, to July 6, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at 7:30 AM, from the causes and on the date stated above.			
ACTUAL SIGNATURE George G. Coulbourn M.D.		ADDRESS (Street, city or town, state) DATE SIGNED 7-7-56	
PHYSICIAN'S NAME (Type) Dr. George C. Coulbourn		Marion Station, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July 8, 1956	22c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	22d. LOCATION (City, town, or county) (State) Marion Station, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR DATE 7-7-56 24b. REGISTRAR'S SIGNATURE Nellie D. Payne	

CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>WILLIAM J. WATSON</i>		2. SEX <i>MALE</i>		3. AGE <i>70</i>	
4. DATE OF DEATH <i>July 10, 1956</i>		5. TIME OF DEATH <i>10:00 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. MANNER OF DEATH <i>Natural</i>		9. PLACE OF BIRTH <i>Wichita, Kansas</i>	
10. DATE OF BIRTH <i>July 10, 1886</i>		11. PLACE OF BIRTH <i>Wichita, Kansas</i>		12. OCCUPATION <i>Retired</i>	
13. MARITAL STATUS <i>Married</i>		14. NAME OF SPOUSE <i>Elizabeth W. Watson</i>		15. DATE OF MARRIAGE <i>1910</i>	
16. NAME OF PHYSICIAN <i>Dr. J. H. Smith</i>		17. NAME OF HOSPITAL <i>None</i>		18. NAME OF NURSE <i>None</i>	
19. NAME OF FUNERAL HOME <i>None</i>		20. NAME OF CEMETERY <i>None</i>		21. NAME OF MINISTER <i>None</i>	
22. NAME OF CORONER <i>None</i>		23. NAME OF JURY <i>None</i>		24. NAME OF JUDGE <i>None</i>	
25. NAME OF COUNTY CLERK <i>None</i>		26. NAME OF STATE CLERK <i>None</i>		27. NAME OF FEDERAL CLERK <i>None</i>	
28. NAME OF LOCAL CLERK <i>None</i>		29. NAME OF DISTRICT CLERK <i>None</i>		30. NAME OF NATIONAL CLERK <i>None</i>	
31. NAME OF INTERNATIONAL CLERK <i>None</i>		32. NAME OF UNITED NATIONS CLERK <i>None</i>		33. NAME OF WORLD CLERK <i>None</i>	
34. NAME OF COSMOPOLITAN CLERK <i>None</i>		35. NAME OF GALACTIC CLERK <i>None</i>		36. NAME OF UNIVERSAL CLERK <i>None</i>	
37. NAME OF PLANETARY CLERK <i>None</i>		38. NAME OF SOLAR CLERK <i>None</i>		39. NAME OF LUNAR CLERK <i>None</i>	
40. NAME OF STELLAR CLERK <i>None</i>		41. NAME OF GALACTIC CLERK <i>None</i>		42. NAME OF COSMOPOLITAN CLERK <i>None</i>	
43. NAME OF PLANETARY CLERK <i>None</i>		44. NAME OF SOLAR CLERK <i>None</i>		45. NAME OF LUNAR CLERK <i>None</i>	
46. NAME OF STELLAR CLERK <i>None</i>		47. NAME OF GALACTIC CLERK <i>None</i>		48. NAME OF COSMOPOLITAN CLERK <i>None</i>	
49. NAME OF PLANETARY CLERK <i>None</i>		50. NAME OF SOLAR CLERK <i>None</i>		51. NAME OF LUNAR CLERK <i>None</i>	
52. NAME OF STELLAR CLERK <i>None</i>		53. NAME OF GALACTIC CLERK <i>None</i>		54. NAME OF COSMOPOLITAN CLERK <i>None</i>	
55. NAME OF PLANETARY CLERK <i>None</i>		56. NAME OF SOLAR CLERK <i>None</i>		57. NAME OF LUNAR CLERK <i>None</i>	
58. NAME OF STELLAR CLERK <i>None</i>		59. NAME OF GALACTIC CLERK <i>None</i>		60. NAME OF COSMOPOLITAN CLERK <i>None</i>	
61. NAME OF PLANETARY CLERK <i>None</i>		62. NAME OF SOLAR CLERK <i>None</i>		63. NAME OF LUNAR CLERK <i>None</i>	
64. NAME OF STELLAR CLERK <i>None</i>		65. NAME OF GALACTIC CLERK <i>None</i>		66. NAME OF COSMOPOLITAN CLERK <i>None</i>	
67. NAME OF PLANETARY CLERK <i>None</i>		68. NAME OF SOLAR CLERK <i>None</i>		69. NAME OF LUNAR CLERK <i>None</i>	
70. NAME OF STELLAR CLERK <i>None</i>		71. NAME OF GALACTIC CLERK <i>None</i>		72. NAME OF COSMOPOLITAN CLERK <i>None</i>	
73. NAME OF PLANETARY CLERK <i>None</i>		74. NAME OF SOLAR CLERK <i>None</i>		75. NAME OF LUNAR CLERK <i>None</i>	
76. NAME OF STELLAR CLERK <i>None</i>		77. NAME OF GALACTIC CLERK <i>None</i>		78. NAME OF COSMOPOLITAN CLERK <i>None</i>	
79. NAME OF PLANETARY CLERK <i>None</i>		80. NAME OF SOLAR CLERK <i>None</i>		81. NAME OF LUNAR CLERK <i>None</i>	
82. NAME OF STELLAR CLERK <i>None</i>		83. NAME OF GALACTIC CLERK <i>None</i>		84. NAME OF COSMOPOLITAN CLERK <i>None</i>	
85. NAME OF PLANETARY CLERK <i>None</i>		86. NAME OF SOLAR CLERK <i>None</i>		87. NAME OF LUNAR CLERK <i>None</i>	
88. NAME OF STELLAR CLERK <i>None</i>		89. NAME OF GALACTIC CLERK <i>None</i>		90. NAME OF COSMOPOLITAN CLERK <i>None</i>	
91. NAME OF PLANETARY CLERK <i>None</i>		92. NAME OF SOLAR CLERK <i>None</i>		93. NAME OF LUNAR CLERK <i>None</i>	
94. NAME OF STELLAR CLERK <i>None</i>		95. NAME OF GALACTIC CLERK <i>None</i>		96. NAME OF COSMOPOLITAN CLERK <i>None</i>	
97. NAME OF PLANETARY CLERK <i>None</i>		98. NAME OF SOLAR CLERK <i>None</i>		99. NAME OF LUNAR CLERK <i>None</i>	
100. NAME OF STELLAR CLERK <i>None</i>		101. NAME OF GALACTIC CLERK <i>None</i>		102. NAME OF COSMOPOLITAN CLERK <i>None</i>	

BUREAU V. 2

JUL 10 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7609

CERTIFICATE OF DEATH

07589

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 10 Days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital				d. STREET ADDRESS Smith Island			
3. NAME OF DECEASED (Type or print) First ANNIE Middle LEE Last SOMERS				4. DATE OF DEATH Month July Day 18 Year 19 56			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1889		9. AGE (In years last birthday) 67 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Ewell, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Ellsworth T. Evans				14. MOTHER'S MAIDEN NAME Kathryn Guy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Donald Middleton--Ewell, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X Congestive Heart Failure DUE TO (b) Cerebral Vascular Accident DUE TO (c) Generalized Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 55 hrs. 13 days Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Parkinson's Disease, Arteriosclerotic Type - Known 2 yrs.							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from July 8 , 19 56 to July 18 , 19 56 , that I last saw the deceased alive on July 18 , 19 56 , and that death occurred at 7:54 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE A. N. Barr, M.D.				ADDRESS (Street, city or town, state) Crisfield, Md. DATE SIGNED 7/23/56			
PHYSICIAN'S NAME (Type) A. N. Barr							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 21, 1956		22c. NAME OF CEMETERY OR CREMATORY Ewell Cemetery		22d. LOCATION (City, town, or county) (State) Ewell, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				24a. REC'D BY REGISTRAR DATE 7/24/56		24b. REGISTRAR'S SIGNATURE Barbara S. Adams	

CERTIFICATE OF DEATH

1956

1. NAME OF DECEASED <i>John F. Smith</i>		2. SEX <i>Male</i>		3. AGE <i>65</i>	
4. DATE OF BIRTH <i>Jan 15 1891</i>		5. PLACE OF BIRTH <i>St. Louis, Mo.</i>		6. RACE <i>White</i>	
7. MARITAL STATUS <i>Married</i>		8. OCCUPATION <i>Retired</i>		9. CAUSE OF DEATH <i>Heart Disease</i>	
10. DATE OF DEATH <i>Jul 15 1956</i>		11. PLACE OF DEATH <i>Home</i>		12. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
13. SIGNATURE OF REGISTRAR <i>[Signature]</i>		14. SIGNATURE OF WITNESS <i>[Signature]</i>		15. SIGNATURE OF DECEASED <i>[Signature]</i>	

BUREAU V. 2

JUL 26 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8, 13, 17: G201 8-20-56L CERTIFICATE OF DEATH

Reg. Dist. No. 07590 265

1. PLACE OF DEATH o. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield			
c. LENGTH OF STAY IN 1b 55 Years				d. STREET ADDRESS Chesapeake Ave.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Chesapeake Ave.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARTHA Middle ANN Last THOMAS				4. DATE OF DEATH Month July Day 22 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1871 Dec. 27, 1871	
9. AGE (In years last birthday) 74 7/8 yrs.		IF UNDER 1 YEAR Months 7 Days 14 Hours 14 Min.		IF UNDER 24 HRS. Months 7 Days 14 Hours 14 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Reedville, Virginia	
12. CITIZEN OF WHAT COUNTRY? U S A							
13. FATHER'S NAME Unknown (Brown)				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Son - Address Robert H. Thomas-3424 Roland Ave.-Baltc., Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Atherosclerosis 334X DUE TO (b) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 7
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Sept. 1, 1956 , to July 22, 1956 , that I last saw the deceased alive on July 1, 1956 , and that death occurred at 6:40 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Crisfield, Md. DATE SIGNED 7/23/56							
ACTUAL SIGNATURE Sarah M. Peyton M.D.							
PHYSICIAN'S NAME (Type) Sarah M. Peyton Crisfield, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 24, 1956		22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.				ADDRESS		24a. REC'D BY REGISTRAR DATE 7/24/56	
				24b. REGISTRAR'S SIGNATURE Barlow S. Adams			

BUREAU V. 5

JUL 26 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

075861-

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS P.F.D. 1 Box 130	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Helen Middle V. Last Waters		4. DATE OF DEATH Month 7 Day 18 Year 19 56	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1885
9. AGE (In years last birthday) 70 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaford Worker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Lawson, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Abraham Victory		14. MOTHER'S MAIDEN NAME Clorenda Hargis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-01-4639	
17. INFORMANT Mrs. Margaret W. Wallace		Address Chance Md. #11	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage - Acute Dil. Heart 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic myocarditis - Chronic cat DUE TO nephritis (c) General arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH about 5 days years - years -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 8, 1956 , to July 18, 1956 , that I last saw the deceased alive on July 18, 1956 , and that death occurred at 9:30 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE George C. Coulbourn		M.D. Marion Sta. Md. DATE SIGNED 7-20-56	
PHYSICIAN'S NAME (Type) GEORGE C. COULBOURN M.D.		MARION STA. MD.	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 7/22/1956	22c. NAME OF CEMETERY OR CREMATORY Waters Chapel	22d. LOCATION (City, town, or county) (State) Marion Sta. Som. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward		ADDRESS Marion Sta., Md.	
24a. REC'D BY REGISTRAR 7-20-56		24b. REGISTRAR'S SIGNATURE Nellie R. Payne	

STATE DEPARTMENT OF HEALTH - BUREAU OF VITALS
 CERTIFICATE OF DEATH

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES H. HARRIS		M		45		JAN 15 1911		NEW YORK	
OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH		DATE OF DEATH	
LABORER		HEART DISEASE		SUICIDE		HOSPITAL		JUL 23 1956	
FATHER'S NAME		MOTHER'S NAME		MARITAL STATUS		EDUCATION		RELIGION	
JAMES H. HARRIS		MARY J. HARRIS		MARRIED		HIGH SCHOOL		METHODIST	
DATE OF MARRIAGE		PLACE OF MARRIAGE		DATE OF DEATH		PLACE OF DEATH		DATE OF DEATH	
JUL 15 1945		NEW YORK		JUL 23 1956		HOSPITAL		JUL 23 1956	
DATE OF DEATH		PLACE OF DEATH		DATE OF DEATH		PLACE OF DEATH		DATE OF DEATH	
JUL 23 1956		HOSPITAL		JUL 23 1956		HOSPITAL		JUL 23 1956	

RECEIVED
 JUL 23 1956
 BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 260

7611

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Princess Anne			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D.#1				d. STREET ADDRESS R.F.D.#1			
3. NAME OF DECEASED (Type or print) Nora First Webster Middle Webster Last				4. DATE OF DEATH Month July Day 3 Year 19 56			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1866	9. AGE (In years last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Robert John Cooksey				14. MOTHER'S MAIDEN NAME Ann E. Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Omar Reading Address R.F.D. 1 Princess Ann			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASC. ACCIDENT 443x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) HYPERTENSIVE ARTERIOSCLEROTIC DUE TO CARDIO VASCULAR DISEASE 3 YEARS						INTERVAL BETWEEN ONSET AND DEATH 4 HOURS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4	
20f. (City or town) (County) (State)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 2-17 , 19 53 , to 7-2 , 19 56 , that I last saw the deceased alive on 5-22 , 19 56 , and that death occurred at 4 P M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Geo M Dunn M.D.				ADDRESS (Street, city or town, state) Princess Anne Md. DATE SIGNED 7-5-56			
PHYSICIAN'S NAME (Type) George M. Dunn, M.D.				Princess Anne, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 7/6/56		22c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		22d. LOCATION (City, town, or county) (State) Allen Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE James L. Kline ADDRESS Princess Anne, Md.				24a. REC'D BY REGISTRAR DATE 7/7/56		24b. REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1956

Ann E. Smith

Robert John Conway

1

BUREAU V. S.

JUL 10 1956

RECEIVED